HSE Mid West
Community Healthcare

Falls care pathway in HSE Mid West Community Healthcare

Is this document a:

Policy ☐ Procedure ☐ Protocol ☐ Guideline ☒

Mid West Community Healthcare

Title of PPPG Development Group:	Falls care pathway in HSE Mid West Community Healthcare.
Approved by:	Falls care pathway Governance group
Reference Number:	MW-PC-PPPG-C-MD-03
Version Number:	0
Publication Date:	November 2021
Date for revision:	November 2023
Electronic Location:	

Version	Date Approved	List section numbers changed	Author

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Title of PPPG: Falls Care Pathway in HSE Mid West Primary Care Area

PART A - Steps of the PPPG

1.1 Purpose

1.1.1 The purpose of a Falls Care pathway in HSE Mid West Community Healthcare (MWCH) is to implement a standardised approach across Nursing, Occupational Therapy (OT), Physiotherapy, Podiatry and Dietetics in the HSE Mid West Community Healthcare Area on the management and recording of falls, ensuring compliance with the national standards and best international evidenced based practice.

1.2 Scope

1.2.1 HSE employees that this guideline applies to are Nursing, Physiotherapy, Occupational Therapy, Podiatry and Dietetics employees working in the HSE Mid West Community Healthcare Area.

1.2.2 Temporary employees, agency employees, students, contractors and any employee contracted to provide clinical support in Primary Care services for the HSE MWCH.

1.2.3 The population to whom it applies are Service Users living in the HSE MWCH accessing Nursing, Physiotherapy, OT, Podiatry or Dietetics services who:

1.2.3.1 Report a fall or injury.

1.2.3.2 Have a functional decline caused by a fall.

1.2.3.3 Are worried about falling or who appears unsteady.

1.2.4 The population of older person's residents in Nursing Homes is outside the scope of this Pathway.

1.3 Glossary of terms and abbreviations

Terminology	Definition	Source
Employee	Means any person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes fixed-term employee and a temporary employee and references, in relation to an employer, to an employee shall construed as references to an employee employed by that employer (HSE).	Safety, Health and Welfare at work Act 2005
Fall	An event in which an older adult unintentionally came to rest on the ground or other lower supporting surface, unrelated to a medical incident or to an overwhelming external physical force.	American Geriatrics Society (AGS) and British Geriatric Society (BGS) Panel on the Clinical Practice Guideline for the Prevention of Falls in Older Persons (2010). http://geriatricsareonline.org
Multi-factorial Screen (MFS)	Multi-factorial screen (MFS) is an evidenced approach recommended by NICE 2013. Interventions directed to modifiable risk factors can reduce the incidence of falls. Multi-factorial screening allows the identification of factors that predispose someone to a fall and is used to direct the individual to the appropriate assessment.	National Institute for Clinical Excellence (2013) Falls The prevention of falls in older people. Clinical Guideline 21 London, NICE. http://www.nice.org.uk/Guidance/CG161
AFFINITY	The aim of the AFFINITY National Falls and Bone Health Project (2018-2023) is to coordinate the development of a comprehensive, nationwide evidence-informed approach to reducing harm from falls for older people in Ireland. The intent is to increase awareness of the preventable nature of falls and to empower older people, communities and health and social care providers to reduce the risk and rate of falling where possible, to reduce the	Affinity National Falls and bone health project 2018-2023. https://www.hse.ie/eng/services/list/4/olderpeople/falls-prevention-and-bone-health/about-affinity-national-falls-and-bone-health-project-2018-2023.html

	severity of injuries and to promote the best possible outcomes for people who have suffered a falls-related injury. The framework will include ‘***building community capacity for identifying and responding to those people within or moving into the at-risk group for falls’.***	

Figure 1: Definitions

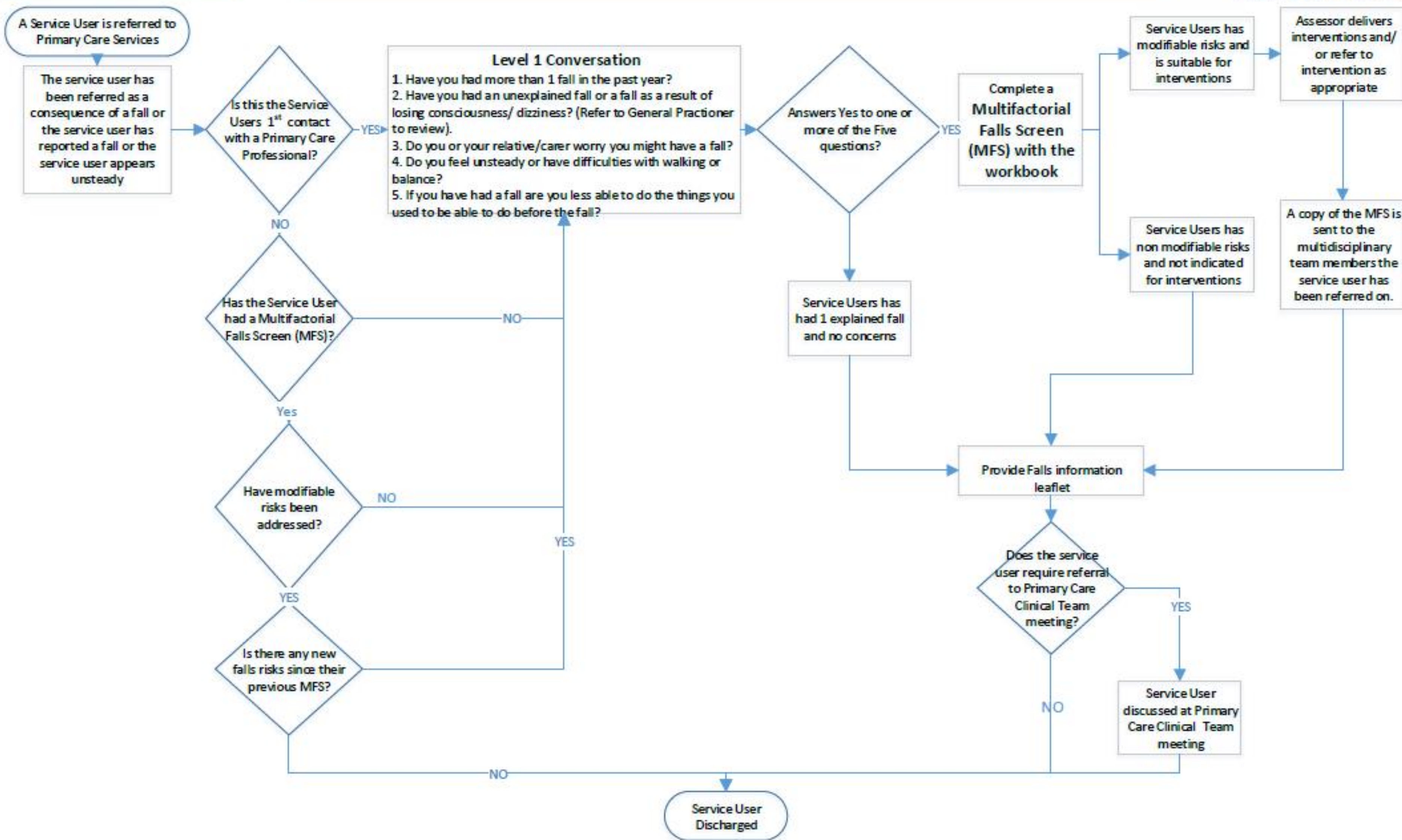
Abbreviations	Full title
ADAPTE	Resource Toolkit for guideline adaptation
ADON	Assistant Director of Nursing
AGREE	Appraisal of Guidelines for Research and Evaluation
AGS	American Geriatrics Society
BGS	British Geriatric Society
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CPGs	Clinical Practice Guidelines
CRGN	Community Registered General Nurse
DOB	Date of Birth
DOH	Department of Health
FTSS	Five Time Sit to Stand
FROP	Falls Risk for Older Persons
GM	General Manager
GP	General Practitioner
HSE	Health Service Executive
MDT	Multi-Disciplinary team
MFS	Multi-Factorial Screen
MWCH	Mid West Community Healthcare Area
N/A	Not Applicable

NHS	National Health Service
NHSH	National Health Service Highland
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
PEDro	Physiotherapy Evidence Database
PHN	Public Health Nurse
PPPG	Policy, Procedure, Policy, Guideline
PT	Physiotherapist
QRPS	Quality Risk Patient Safety
RCT	Random Controlled Trial
SALT	Speech And Language Therapist
SLS	Single Leg Stand
SWOT	Strengths Weaknesses Opportunities Threat
SSSS	Stay Strong Stay Steady
STRATIFY	Scale for Identifying Falls Risk Factors
TUG	Timed Up and Go
UK	United Kingdom
US	United States
USPTF	United States Preventative Services Task Force
WHO	World Health Organisation

Figure 2: Abbreviations

1.4 Falls Care Pathway in HSE Mid West Community Healthcare

1.4.1 The following outlines the Falls Care pathway in HSE Mid West Community Healthcare,:


HSE Mid West Community Healthcare
FALLS CARE PATHWAY
HSE, MID WEST COMMUNITY HEALTH CARE, PRIMARY CARE
MIDWEST PRIMARY CARE SERVICES
A Service User is referred to Primary Care Services
The service user has been referred as a consequence of a fall or the service user has reported a fall or the service user appears unsteady
Is this the Service Users 1st contact with a Primary Care Professional?
YES
NO
Level 1 Conversation
1. Have you had more than 1 fall in the past year?
2. Have you had an unexplained fall or a fall as a result of losing consciousness/ dizziness? (Refer to General Practioner to review).
3. Do you or your relative/carer worry you might have a fall?
4. Do you feel unsteady or have difficulties with walking or balance?
5. If you have had a fall are you less able to do the things you used to be able to do before the fall?
Answers Yes to one or more of the Five questions?
YES
Complete a Multifactorial Falls Screen (MFS) with the workbook
Service Users has modifiable risks and is suitable for interventions
Assessor delivers interventions and/ or refer to intervention as appropriate
Service Users has non modifiable risks and not indicated for interventions
A copy of the MFS is sent to the multidisciplinary team members the service user has been referred on.
Service Users has had 1 explained fall and no concerns
Has the Service User had a Multifactorial Falls Screen (MFS)?
NO
Yes
Have modifiable risks been addressed?
NO
YES
YES
Is there any new falls risks since their previous MFS?
Provide Falls information leaflet
Does the service user require referral to Primary Care Clinical Team meeting?
YES
NO
Service User discussed at Primary Care Clinical Team meeting
NO
Service User Discharged

1.4.1 Outline of the Guideline for a Falls Care pathway in HSE Mid West Community Healthcare.

1.4.1.1 Care Pathway steps.

1.4.1.1.1 This criteria will be used for identifying Service Users suitable for guideline:

1.4.1.1.1.1 Referred as a consequence of a fall.

1.4.1.1.1.2 Have reported a fall.

1.4.1.1.1.3 Appear unsteady.

1.4.1.2 The Service User's **first contact** with a Primary Care professional will require the following.

1.4.1.3 Ask the Service user **all** the five questions from the Level 1 conversation of the MFS (Appendix II), which are the following:

1.4.1.3.1 Q1: Have you had more than one fall in the past year?

1.4.1.3.2 Q2: Have you had an unexplained fall or a fall as a result of losing consciousness/dizziness? (If yes refer to a General Practitioner to review).

1.4.1.3.3 Q3: Do you or your relatives/carer worry you might have a fall?

1.4.1.3.4 Q4: Do you feel unsteady or have difficulties with walking or balance?

1.4.1.3.5 Q5 If you have had a fall, are you less able to do the things you used to be able to do before the fall?

1.4.1.4 If the Service User has had one explained fall and no concerns, the Service User is:

1.4.1.4.1 Provided with a falls information booklet i.e. 'Stay Strong Stay Steady' Appendix III

1.4.1.4.2 Referred to the Primary Care clinical team meeting (if appropriate).

1.4.1.4.3 Discharged if no other specific needs are identified or intervention indicated by the service.

1.4.1.4.4 If the answer is "yes" to one of the five Level 1 questions, the clinician completes a Level 2 Multi-factorial Falls Screen (MFS) with guidance from the Falls Prevention Workbook. See Appendix IV.

1.4.1.5 If the answer is "yes" to question 2 specifically:

1.4.1.5.1 Complete a level 2 MFS with the workbook.

1.4.1.5.2 Advise the Service User that clinical interventions may be limited until medical interventions are completed.

1.4.1.5.3 Refer the Service User to their General Practitioner and include a copy of the MFS for their reference.

1.4.1.6 If the Service user has modifiable risk/s identified by the MFS which are suitable for interventions:

1.4.1.6.1 The Assessor delivers interventions as appropriate and/or refers the Service User to interventions as appropriate.

1.4.1.6.2 A copy of the MFS is attached with the onward referral to the appropriate discipline/s.

1.4.1.6.3 The Assessor provides the falls information booklet SSSS to the Service user.

1.4.1.6.4 If appropriate, refer Service User case to the Primary Care clinical team meeting with the Service User's consent.

1.4.1.6.5 Service User is discharged (pending the possible clinical team meeting, if required), if no other specific needs are identified or no intervention indicated by the service.

1.4.1.7 If the Service User has non-modifiable risks identified and not indicated for interventions:

1.4.1.7.1 The falls information booklet SSSS is given to the Service User and they are discharged according to discipline specific procedures. If they require a referral to the Primary Care clinical team meeting the case remains open until outcome of the meeting.

1.4.2 When it is not the Service User's first contact with a Primary Care professional.

1.4.2.1 The clinician will verify with the referral source and/or Service User if the MFS has been completed previously before they initiate the level 1 screening questions and/or MFS.

1.4.2.2 If the Service User has not had a previous MFS, the clinician will perform the MFS by following section 1.5.2.1 – 1.5.2.6.1 of this guideline.

1.4.2.3 If the Service User has had a previous MFS:

1.4.2.3.1 Check that the modifiable risks have been addressed.

1.4.2.3.2 If the modifiable risks have not been addressed, follow up with the MDT members as required. If appropriate refer the case to the Primary Care clinical team meeting with consent of the Service User.

1.4.2.3.3 Check if there are any new fall's risks or significant functional/clinical changes since their previous MFS. If there are new falls risks follow the steps 1.5.2.1 – 1.5.2.6.1. If there are **no** new fall's risks then the Service User is discharged provided that there are no other specific needs identified or intervention(s) indicated by the discipline.

1.5 Roles and Responsibilities.

1.5.1 Community Health Nurses, Public Health Nurses, Physiotherapists, Occupational Therapists, Podiatrists and Dieticians.

1.5.1.1 Will perform the MFS as outlined in this guideline.

1.5.1.2 Based on the MFS outcomes will manage the Service User according to best practice.

1.5.1.3 Participate in the training, to familiarise themselves with the information provided and to implement the falls care pathway.

1.5.1.4 Participate in MDT audits of this care pathway.

1.5.2 Discipline Managers in Physiotherapy, Occupational Therapy, Podiatry, Dietetics, Directors of Public Health Nursing & Directors of Nursing.

1.5.2.1 Ensure that staff are inducted and/or trained in this guideline prior to engaging with Service Users.

1.5.2.2 Commission audits to ensure their staff are adhering to the protocols set out in the guideline.

1.5.2.3 Periodically monitor for compliance with this guideline.

1.5.2.4 Keep abreast of best practice and new developments, upgrading the guideline as necessary.

1.6 Appendices

Appendix I:	Signature Sheet.
Appendix II:	Mid West Primary Care Area Level 1 Falls Conversation and Multi-factorial Screening.
Appendix III:	Stay Strong Stay Steady' Falls prevention information for Service Users.
Appendix IV:	Falls Reductions Workbook for Clinicians.

Appendix I: Signature Sheet

"I have read, understand and agree to adhere to this Falls care pathway in HSE Mid West Community Healthcare guideline".

PRINT NAME	Signature	Area of Work	Date

Appendix **II:** **Mid West Primary Care Area Level 1 Falls Conversation and Multi-factorial Screening**

Client's Name: ______________________	**GP's Name:** ________________________
Client's Address: ____________________ ______________________________ ______________________________	GP's Address: ________________________________ ____ ____
D.O.B: _ _ /_ _ /_ _ _ _	Carer/Relative Name: _________________________
Phone Number: ______________________	Carer/Relative Number: _______________________

Consent to sharing of information, onward referral where appropriate and audit: YES ☐ NO ☐

LEVEL 1 FALLS CONVERSATION

NB: Ask ALL five questions below:

1- Have you had more than one fall in the past year? Yes ☐ No ☐

2- Have you had an unexplained fall or fall as a result of losing consciousness/dizziness? (refer to GP urgently) Yes ☐ No ☐

3- Do you or your relative/carer worry you might have a fall? Yes ☐ No ☐

4- Do you feel unsteady or have difficulties with walking or balance? Yes ☐ No ☐

5- If you have had a fall are you less able to do the things you used to be able to do before the fall? Yes ☐ No ☐

If YES is indicated in any of above 5 questions, proceed with the Multi-Factorial Falls Screening below:

MULTI-FACTORIAL FALLS SCREENING (MFS)

RISK FACTOR	SCREENING QUESTIONS	YES or NO *Please Tick*		POSSIBLE INTERVENTIONS	Refer To: *Please Tick*
1- Falls history	How many falls have you had in past: Week: ______ Month: ______ Year: ______			Frequent falls can indicate health deterioration, if a problem seems urgent consult **GP**	**GP** ☐
	Were you able to get up?	Yes ☐	No ☐	Provide Information regarding ''rest and wait'' or ''getting up'' plan **(OT/PT)**	**OT** ☐ **PT** ☐
	Were you able to summon help?	Yes ☐	No ☐	Demonstrate how to get from the floor, if appropriate **(OT/PT)**	**OT** ☐ **PT** ☐
	Do you have a plan if you fall again?	Yes ☐	No ☐	Discuss use of pendant alarms	**Alarm contact** ☐
	Did you get a blackout/loss of consciousness or did you find yourself on the floor and were unable to recall how you fell	Yes ☐	No ☐	Person requires urgent medical assessment. Advise person to consult with **GP**	**GP** ☐
	Did you feel dizzy before you fell?	Yes ☐	No ☐	Postural Hypotension-Advise person to consult with **GP**	**GP** ☐
Tell the person addressing their risk factors will help reduce their anxiety about falls					
2- Muscle Weakness / poor balance	Do you have problems with your balance or walking?	Yes ☐	No ☐	Consider **Physiotherapy** for assessment of balance and walking	**PT** ☐

3-Transfers and daily activities	Do you have any difficulties dressing/washing/bathing/meal preparation and/or getting on or off the bed/chair or toilet	Yes ☐	No ☐	Consider **OT** and **Home Support**	**OT** ☐ **Home Support** ☐
	Do you feel dizzy when you get up after sitting or lying?	Yes ☐	No ☐	Provide advice & arrange for postural hypotension check with **GP**	**GP** ☐
4-Nutrition	Do you have difficulties eating or drinking enough?	Yes ☐	No ☐	Consider referral to **Dietician**	**Dietician** ☐
	Have you experienced recent unexplained weight loss?	Yes ☐	No ☐	Consider referral to **SALT/GP**	**SALT** ☐ **GP** ☐
RISK FACTOR	**SCREENING QUESTIONS**	**YES or NO** ***Please Tick***		**POSSIBLE INTERVENTIONS**	**Refer To:** ***Please Tick***
5- Osteoporosis	Have you been prescribed bisphosphonate medication for osteoporosis?	Yes ☐	No ☐	Advise person to consult with **GP** if indicated.	**GP** ☐
	Are you taking it?	Yes ☐	No ☐	Advise on correct method of medication administration	
	Are you taking it correctly	Yes ☐	No ☐		
	If not on osteoporosis medication, ***Ask person*** do you smoke or drink excessively? Have you a previous fracture? Do you have rheumatoid arthritis and/or long term steroid use? Are you underweight?	Yes ☐	No ☐	Advise person to consult **GP** regarding risk of osteoporosis	**GP** ☐
6- Medication	Are you taking more than **6** medications?	Yes ☐	No ☐	Advise person to consult **GP** or local **Pharmacist**	**GP** ☐
	Are you experiencing: dizziness/double or blurred vision/drowsiness/light headedness/weakness/disturbed balance/confusion (Tick if **Yes** to any symptoms?)	Yes ☐	No ☐	Advise person to consult **GP** or local **Pharmacist** In addition, ***Tell the person*** some medications can increase the risk of falls	**GP** ☐
7- Alcohol	Has alcohol contributed to a fall/loss of balance?	Yes ☐	No ☐	Consider brief alcohol intervention or **GP** consult	**GP** ☐
8- Eyesight	Have you had your eyes tested in the last 2 years? (last year if over 75yrs)	Yes ☐	No ☐	Recommend the person contacts their **Optician**. Give details.	
	Do you wear bifocals/varifocals	Yes ☐	No ☐	Suggest person discusses this with the **Optician** as can increase risk of falls.	
9- Foot problems / footwear	Do you have pain in your feet?	Yes ☐	No ☐	Consider referral to **Podiatry/PT**	**Podiatry** ☐ **PT** ☐
	Do you have appropriate footwear?	Yes ☐	No ☐	Advise on good fitting footwear	
10-Cognition / Mood	Do you or a relative/carer worry that you have become more	Yes ☐	No ☐	Advise consult with **GP**	**GP** ☐

	forgetful / confused/anxious/low for a while?				
11- Continence	Do you have problems getting to the toilet in time?	Yes ☐	No ☐	Consider **PHN** or Women's Health **Physiotherapy**	**PHN** ☐ **WHPT** ☐
12- Environment	Consider the following outdoors & indoors. Circle/insert as appropriate	Yes ☐	No ☐	Problems identified. Consider referral to **OT**	**OT** ☐

Outdoors: Gates, paths, steps, stairway, door opening, threshold, night lighting

Indoors: Floor coverings, floor mats, light/power switches, brightness, clutter, hazards, space, telephone location,

Tidiness/cleanliness, pets, stairs. *Comments:* ____

____

13- Additional Information: **Stay Strong Stay Steady Booklet given** ☐

14- Refer to Primary care Clinical Team Meeting		Yes ☐	No ☐
Screened by:	______________________________	Discipline:	______________________________
Name:	______________________________	Phone number:	______________________________
Health Centre:	______________________________	Date:	_ _/ _ _/ _ _ _ _

In Case of Emergency

Keep these useful contact numbers near your phone in large print

DOCTOR:

NEIGHBOUR:

GARDA STATION:

USEFUL LINKS

More information on osteoporosis: Lo Call 1890 252751 or www.Irishosteoporosis.ie

Alzheimers Society of Ireland: Call 1800 341341 or visit www.alzheimers.ie

Carers Association: Call 1800 250724 or visit www.carersireland.com

STAY STRONG STAY STEADY

CHO3

Am I at risk of a fall?

Everyone is more at risk of a fall as they age; it's a big cause of hospital admissions and can result in serious injuries and long-term complications. Falling can also contribute to a loss of confidence and independence

Clearly we can't change our biological age, but by understanding what puts us at risk, we can take preventative action.

If you've fallen before, you're right at the top of the risk list for another one, so it's even more vital to take the steps outlined in this booklet.

So take a look at the checklist opposite and see how many you tick. Then read the following pages to find out why our fall risk increases as we age – and the many positive and easy steps we can all take to cut that risk and protect our freedom, whether we're 65 or 95!

Checklist

- ☐ I have had a fall but not seen anyone about it
- ☐ My GP hasn't reviewed my medication in the past year
- ☐ I often need to get up in the night to go to the loo
- ☐ I am probably not as active as doctors recommend (30 minutes moderate activity five times a week).
- ☐ I sometimes feel dizzy or light-headed on standing or walking
- ☐ I struggle with basic maintenance on my home
- ☐ I wear bi-focals or vari-focals
- ☐ I haven't had an eye test in the past 12 months
- ☐ I sometimes feel weak when I get up from a chair or the bed
- ☐ A bit of clutter has built up at home over the years
- ☐ I probably don't drink enough fluids (1.6 litres/3 pints a day for women; 2 litres/3.5 pints for men).
- ☐ My slippers have that 'lived-in' look
- ☐ Taking care of my feet is quite difficult these days
- ☐ I have a long-term condition such as Parkinson's, heart disease/stroke, arthritis, COPD, diabetes, dementia
- ☐ I save electricity by turning off unnecessary lights
- ☐ My alcohol intake is probably more than GPs' recommended limits (2-3 units a day for women, 3-4 for men)
- ☐ I don't get out as much as I'd like because I worry about tripping, I feel unsteady
- ☐ If I had a fall I would probably be too embarrassed to tell anyone
- ☐ I often get my feet tangled up in things that could trip me; my pets or grandchildren running around worry me sometimes: they make me feel wobbly!
- ☐ I am not always that warm at home

How to reduce your risk

Looking at photographs taken 30 years ago reveals how our bodies have changed on the outside – admittedly, not always a joyful lesson! But what about the changes on the inside? We can't see them, but they can put us at greater risk of falling

We can't stop the ageing process, but we can counteract some of the effects with a few gentle tweaks to our lifestyle. Previous falls (with or without injury) are one of the biggest independent risk factors for falling again; guidelines recommend that if you have or have had a fall you should get yourself reviewed if this has not Been done automatically.

Mention it to your GP or physiotherapist at your next routine appointment. If you are not seeing someone regularly, make a specific appointment to see someone to discuss it.

What can I do? It's surprisingly easy to improve your balance: Ask the advice of your health professional. Between the ages of 50 and 70, we lose about 30% of our muscle strength, which isn't great news if we're trying to regain our balance or stop a fall.

We rely on our balance to stay upright when we over-reach for something or trip up. But as we age, our balance reaction times get slower and so do reflexes. That makes it harder to regain balance, especially when doing something quickly.

What can I do?
Regular physical activity strengthens muscles, whatever your age. The recommended activity level is 30 min., five times a week: gardening, vigorous housework, cycling & daily walks all count. Experts also advise twice-weekly & face between May & September but NO burning!

Muscle-strengthening exercises for the over-65s.Bones naturally become more brittle as we age, which makes a fracture more likely if we do fall. This is true for both men and women, but is especially true in post-menopausal women.

What can I do? Weight-bearing activities are also great for maintaining strong bones, and a healthy balanced diet will help ensure you get enough calcium to maintain bone strength. Vitamin D, which helps the body absorb calcium, can be obtained from exposure to sunlight and from some foods. Certain groups of the population are at risk of not getting enough vitamin D. It is recommended that people 65 years and over, those not exposed to much sun, and those with darker skin, all take a daily vitamin D supplement (10 micrograms).
Sunlight exposure without sunscreen should be limited to 10 mins. per day on the arms

Rushing for the loo

If you hurry, especially in the dark at night, it can make falls more likely. And 3-6 million people over 60 in the UK alone have urinary incontinence problems.

What can I do?

Incontinence can be improved and sometimes cured – talk to your continence nurse or physiotherapist. You can also refer yourself to a local continence clinic, which can recommend exercises and give advice. Some continence medications can also make you dizzy – let them know.

csp.org.uk/conditions/incontinence

Multiple medications

The older we get, the more likely we are to be prescribed medications for several different health conditions; it's estimated that 36% of people over 75 are on four or more different drugs. Some common ones are associated with dizziness, drops in blood pressure when you stand up, or sleepiness all of which can raise the risk of falling.

What can I do?

Never stop taking any prescribed medication suddenly. If you suspect one or more of your medications is making you dizzy or faint, see your GP – and make sure the GP reviews your prescriptions every 12 months. (That's every six months if you are over 75 or taking four or more medications.)

Talk to your GP if you are experiencing any of these problems and ask whether your medication should be adjusted.

"It was only when a new young GP started at the surgery that I had all my medication reviewed, and she reduced some of my doses. I feel much better and no longer feel so dizzy when I stand up."

Eyesight changes

It's not just 'old-age long sight' that can cause vision problems. Ageing can decrease contrast sensitivity (making it harder to see the edge of steps and kerbs), alter depth-perception and cause visual field disturbances – all of which make you more likely to fall.

What can I do?

Have a sight examination yearly, even if you think you're fine (it's free for over-60s) as the optician is also checking for glaucoma, cataracts, macular degeneration and diabetic retinopathy. Don't rely on supermarket reading glasses long-term: it's rare for both eyes to require identical correction.

Watch out for alcohol intake: you may find you can't drink the same quantity you used to without feeling dizzy or ill, and it may interact with prescribed medications.

Alcohol

As we get older, drinking the same amount results in higher blood alcohol concentration. This is because fat replaces muscle as we age, and alcohol is not drawn into body fat as well as it is into muscle.

Older people are more likely to experience unsteadiness after drinking alcohol, and so are more susceptible to falls.

Fall-proof your home

Six out of ten falls happen in the home or garden. Not surprising, as homes get old too: carpets get worn, clutter builds up and we may not stay on top of maintenance as we once did

Often we don't notice problems because we've lived with them so long. But clutter can present a very real risk for falls. So take a few minutes to look round your home with a critical eye, using the checklist below.

Lighting

- Did you know that 60-year-old eyes need three times more light than 20-year-old eyes? Consult a trusted, professional electrician about your lighting options – such as branched lights to replace single bulbs – to increase light without glare.
- Avoid trailing cables from lamps that could trip you.
- Consider installing two-way switches on the landing/hall and/or extra stair lighting. Wire in a smoke alarm at the same time – one more hazard sorted!
- Always use your bedside light when getting up at night; if the switch is not easily accessible keep a good torch by the bed.
- Never walk about in the dark: if you regularly get up for the loo, keep a landing light on.

Living areas

- Check all rugs have a non-slip underlay and replace worn ones. Consider replacing frayed carpets, or ask someone to track them down.
- Cable tidies and/or boxes will organise jumbled wires by the TV, computer or music centre. Tape any trailing extension leads to skirting boards. Clear away clutter, especially in the hall/landing& doorways.

"I always hated the idea of hand rails and non-slip mats everywhere – it was a sign you were getting old. But making a few little changes at home has actually given me more freedom and confidence, not less."

- Never store items on the stairs!
- A surprising number of people trip over their pets. Buy them a bright collar, and a bell to alert you to their presence.

Kitchen/bathroom

- Continually reaching up for things? Rearrange cupboards so that frequently used items are within easy reach.
- Clear up spills straight away.
- Always use a non-slip mat in the bath/shower. Consider installing grab rails in the bathroom.

Garden

- Keep paths free of moss and leaves. Repair any cracks in paving.
- Ensure your back/front doors and garage are well-lit.
- Consider installing safety rails on your steps.

Hot tip:

You can request a review of your home if you feel you are at risk by your occupational therapist.

Stay safe out and about

There's no reason to curtail your activities away from home because you are worried about falling, but it makes sense to take some simple precautions

In the street

- Take your time and don't rush. Scan an area for trip hazards – cracked pavements, obstacles and uneven surfaces – before walking.
- Carrying shopping bags can obstruct your view of the pavement; consider using a rucksack instead (it's also better for your back).
- Watch out for shop entrances with 'lipped' door frames, especially if you're stepping inside out of bright light; give your eyes time to adjust to the darker conditions.
- Watch out for subtle changes of gradient, especially near pedestrian crossings.
- Keep your bus pass/money near to hand so you don't have to root around in your bag. That way you'll stand a better chance of boarding safely.
- Don't be afraid to ask the bus driver to wait until you're seated before moving off.
- Don't worry if you think you're being slow and inconveniencing others: staying safe is more important. Chances are that no one has noticed anyway.

"I didn't really like the idea of a walking stick, so my son bought me a top-of-the-range mountaineering pole, which we've adjusted to the right length. It started as a bit of a joke but I wouldn't be without it now."

Walking aids

Don't be embarrassed to use a walking aid if it helps you stay steady. It's important a stick is the right length: level with your wrist crease when your arm is down by your side. It should also have a rubber end ('ferrule') to stop it slipping; replace worn-out ones promptly. If a stick is no longer quite enough, talk to your physiotherapist about getting a walking frame or rollator (wheeled frame).

Rucksacks are great for carrying shopping

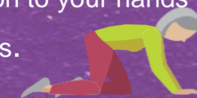
Getting up from a fall

If you should fall, lie still for a minute, stay calm and check for injuries. If you are unhurt and think you can get up, follow the steps opposite (rest between each one if you need to). If

you know you can't get up, or feel pain in your hips or back if you move, see overleaf for ways to summon help

1 Roll on to your side, then push up on to your elbows.

2 Use your arms to push yourself on to your hands and knees.



"I slipped in the kitchen and couldn't get up. Afterwards, my daughter suggested I practiced while she was there to help. I felt silly crawling around the house, but now I feel much more confident about getting up on my own."

3 Crawl to a very stable piece of furniture (a sturdy chair or bed) and hold on to it for support.

Hot tip:

If you can't get on to all fours, bottom-shuffle or roll to a low surface like the bottom stair or sofa. Sit with your back to it, put your arms behind you on to the surface and push up with your hands and feet, lifting your bottom onto the surface. If using the stairs, go up to the next step before standing up.

4 Slide or raise the foot of your stronger leg forwards so it's flat on the floor.

5 Lean forwards & push up using your arms & front leg, slowly rising to standing position.

6 If you can't get on all fours, bottom - shuffle or roll to a low surface like the floor

If you fall and can't get up

Follow these steps – and they will be a lot easier if you've already done a bit of forward planning

To get help

- Use your pendant alarm if you have one or call nearby neighbours on your phone – put them on speed dial now.
- Use your phone to call 999.
- Bang on the wall, radiator or floor.
- Stay warm. Cover yourself with anything you can find – tablecloth, blanket, rug or coat.
- Put a cushion under your head or roll up an item of clothing.
- Keep moving. Roll from side to side and move your limbs as pain allows to help keep you warm and maintain circulation. Keep your fluids up if you can each a drink.

Planning ahead

It makes sense to prepare yourself and your home just in case the worst happens. Then you can get on with enjoying life, knowing that you've done the

Groundwork

- Make sure you've read the pages of this guide on how to make your house as fall-proof as possible.
- Place cushions and blankets around the house at floor level so that, if you do fall, you can keep warm and comfortable while waiting for help.
- Use your common sense on placement: they need to be easily accessible but should be stored so they don't cause a hazard in themselves!
- Put a bottle of water with the cushions so you can stay hydrated while waiting.
- If you have a cordless landline phone, carry it in your pocket.
- Get a mobile phone if you don't already have one and keep it (switched on) in your pocket or on a belt.
- Programme in the phone numbers of neighbours or friends/relatives nearby who could help if you fell.
- Consider getting a community alarm. You wear it like a pendant or on your wrist, and when you press a button the control centre will telephone your nominated key holder(s) so they can check on you.

"I can't tell you how humiliating and miserable it was lying on the floor, waiting two hours until my home help found me. Now I carry a simple old-style mobile phone - my grandson jokes that it's 'Grandpa's brick' - and I feel much safer."

HSE Mid West
Community Healthcare

Falls Prevention Workbook:

Identifying the Modifiable Risks with Multifactorial Falls Screening.

Multifactorial Falls Screening (MFS)

Multifactorial falls assessment is an evidence based approach recommended by NICE (2017). It is used extensively across the UK. Interventions directed to modifiable risk factors can reduce the incidence of falls. Multifactorial falls screening (MFS) allows the identification of factors that predispose someone to a fall and is used to direct the individual to the appropriate assessment.

Whose responsibility is it to complete a Multifactorial Falls Screening (MFS)?

All staff working with older people should develop and maintain a basic professional competence in falls assessment and prevention (NICE, 2017). Individuals completing a MFS have a responsibility to action a plan to address the risks identified. This may include onward referral to the appropriate disciplines.

Where will this information be kept?

The discipline who completes the MFS keeps original in clients chart and forwards copy of MFS with onward referral to appropriate disciplines.

Definition of a Fall

A fall is 'an event which results in a person coming to rest inadvertently on the ground or floor or other lower level' (World Health Organisation). Injurious falls, including over 70,000 hip fractures annually, are the leading cause of accident-related mortality in older people (National Audit, 2010). Often only the trauma of a hip fracture ensures that an individual and their carers enter the chain of professional care. By then it may be too late
(DOH, 2009).

Do not wait until a fall occurs — take preventative action

What Causes a Fall?

There are many factors that can cause falls. These risks are categorised intrinsic (occur within the body) or extrinsic (outside the body). It is the combination and the number of risks which increases risk of falling. Behaviours can also increase risk. Some of the risk factors associated with a fall cannot be modified. However, many of them can be modified or changed to reduce the risk of falls. There are only 2 non modifiable risk factors on the list- age and history of falls.

Intrinsic Risks:

- History of falls /Fear of falling
- Muscle weakness and poor balance
- Unsafe walking / transfers
- Poor Nutrition and Diet.
- Osteoporosis
- Medication
- Alcohol misuse
- Problem with vision / eyesight
- Problem with feet / footwear

- Cognitive impairment/ low mood.
- Continence
- Age

Extrinsic factors:

- Badly fitting footwear / clothing
- Uneven or slippery surfaces
- Loose mats or rugs
- Inadequate light — especially on stairs
- Poor stairway design and repair
- Lack of safety rails
- Inappropriate height of chair, bed, toilet etc.
- Trailing flexes and cables
- Unfamiliar environment
- Cluttered environment

Behavioural Risks:

- Getting up in the middle of the night in the dark
- Rushing to answer the phone or door
- Standing to put on lower garments
- Over stretching & over reaching
- Poor safety awareness

1. <u>Falls History and Fear of Falling.</u>

   Fear of falling is a lasting concern about falling that may cause a person to stop doing activities s/he remains able to do. *Tinetti & Powell, 1993. It i*s common in older people. It is characterised by a loss of confidence and voluntary restriction of activity and results in negative thinking and reduces self-esteem. Functional capacity may be reduced to a point where independent living may become too demanding. It can stop a person from doing some of their favorite activities that are important to their mental and physical health. If a person reduces their social activities they may feel alone and this can result in depression or anxiety. The psychological consequences of a fall should not be underestimated. Addressing modifiable risk factors will have a positive effect in reducing an individuals' fear of falling.

   What is my role in modifying 'fear of falling?'

   Everyone working with older people has a role to play in identifying those who are at risk of falling and/or are worried about falling. Completion of the MFS will help to identify modifiable risk factors. The MFS action plan will be bespoke to each individual and it is critical to ensure appropriate actions are taken to help reduce risks. Addressing modifiable risks will make an individual safer and will reduce anxiety and fear. Consider referral to a mental health team if anxiety is an issue.

2. <u>Muscle Weakness & Poor Balance</u>

   Strength & balance exercise is one of the most effective ways to reduce falls.

   A young fit person can normally recover from a slip or trip. As people age muscle strength, balance and coordination decrease as a normal part of ageing. Disuse and an inactive lifestyle are major

contributory factors. Physical activity and exercise will help an older person to maintain their strength, walking, balance and flexibility. This will help them to remain independent and enable them to perform household, personal and social tasks. There is a strong evidence base that balance and strength exercise along with home safety interventions effectively reduce falls (Cochrane review, 2012). Exercise must include balance and strength training and has to be specific to the individual. It can be delivered at home or in a group setting. Strength and balance exercises are suitable for the frailest of individuals. Even those in their 90s can improve their strength and balance to help avoid falls.

What is my role in modifying 'muscle weakness & loss of balance?

If you identify an individual with a balance and strength deficit your plan should include a referral to the physiotherapy service for exercise prescription. The physiotherapist may prescribe an individual programme of exercise or refer the person to a class. This will vary between localities. Encouraging people to do as much as they can for themselves helps them to stay active and strong. If an older person is active and independent they may wish to attend local exercise groups (e.g. local gym, groups organised by Sports Partnership or active retirement groups). It is therefore beneficial if you are aware of what facilities/exercise groups exist locally.

3. <u>Unsafe Transfers & Activities of Daily Living</u>

Coordination, sensory awareness, balance, strength and endurance are components in safe transfers and walking. Many older people are impaired in at least one of these components. This can affect their ability in activities of daily living and can reduce their independence. Walking even a short distance, as part of a daily routine, helps maintain mobility, strength and function. Moving correctly and transferring safely helps to maximise independence. Allowing someone to do things for themselves may take a little longer but it can help them to regain independence.

What is my role in modifying 'unsafe transfers and activities of daily living?'

Completion of an MFS may raise concerns about an individual's ability to transfer and mobilise. They may require a referral to physiotherapy for a walking aid assessment or to OT for assessment for alternate ways to carry out activities of daily living and provision of necessary equipment. The OT can work with the individual/family/carer to analyse how the activity is set up, sequenced and actioned. If you are working as lead professional for a patient you may have a role in advising carers (informal and formal) about the correct moving and handling of an individual. Ensure the moving and handling documentation in the care plan gives an adequate description of what the individual needs. This is an important part of the enablement process. Encourage independence and mobility where possible. Correct moving and handling helps to keep an individual as independent as they can be. Some individuals can regain independence if encouraged appropriately.

4. <u>Poor Nutrition & Diet</u>

Poor nutrition can affect anyone but is particularly common in older people and those who are socially isolated. Poor mobility, frailty or mental health problems are also contributory factors. Older people may develop swallowing difficulties or dental problems and this requires investigation. Grief, anxiety and depression can lead to a loss of appetite and subsequent malnutrition. Dehydration has been identified as one of the risk factors for falls in older people,

since it can lead to a deterioration in mental state, and increase the risk of dizziness and fainting. The maintenance of adequate levels of hydration in older people can help prevent falls.

What is my role in modifying poor Nutrition and Diet?

Completion of the MFS may raise concerns re diet and nutrition. Poor nutrition can increase the risk of falls and is common in those who are socially isolated. Loss of appetite is often linked to grief, anxiety or depression. Swallowing difficulties or dental problems may contribute. Encourage fluid intake and healthy eating. Consider referral to dietician, speech therapist, home help, GP or a mental health team.

5. Osteoporosis

The health of your bones makes a big difference to the effects of a fall. Osteoporosis is present in 90% of hip fractures. Fifty percent of people over 80 years of age have osteoporosis. After the age of 35 bone loss begins to occur very gradually. The cells responsible for breaking down bone (osteoclasts) begin to work more quickly than the cells responsible for building bone (osteoblasts). The result is age related bone loss and if this loss becomes severe, osteoporosis can develop. Osteoporosis causes the bones to become porous and fragile, with a higher risk of fracture. It is often referred to as the silent disease, as sometimes no symptoms are present until a bone is broken. Spinal fractures can be painless, and osteoporosis may still go undetected until late stage complications are present e.g. kyphosis. Osteoporosis should not be viewed as an inevitable part of the ageing process, but as a preventable illness of the older adult skeleton. All health professionals should be aware of risk factors for osteoporosis and should be able to identify those at risk.

What is my role in 'Osteoporosis'?

The completion of an MFS should highlight any issues regarding osteoporosis diagnosis and medications. If you are concerned about a patient being at risk of having osteoporosis refer them to their GP.

Are older people in your care getting enough Calcium?

Calcium is essential for the formation and maintenance of strong healthy bones and teeth. It is recommended that the calcium intake for adults is 700mgs per day to prevent osteoporosis. Larger supplement doses may be prescribed for patients who are diagnosed as already having osteoporosis. The best and easiest source of calcium for the body to absorb is found in dairy products (National Osteoporosis Society leaflets— Healthy Living for Strong Bones).

Are older people in your care getting enough Vitamin D?

Vitamin D allows the body to absorb the calcium from our diet. Supplementing levels of vitamin D can improve neuromuscular function, reaction and strength in those who are Vitamin D deficient. Most people get enough vitamin D from sunlight but if someone is rarely in the sun or they are housebound they may need a supplement. UK Health Departments recommend that before applying sunscreen, people should expose their face, hands and arms for 10 to 15 minutes each day. This should take place between the hours of 10am and 3pm. Doing this during the summer months of April to September will make enough vitamin D for the year. Care must be taken not to burn. The UK Health Departments also recommend that those over the age of 65 take a daily

supplement of Vitamin D. Advice on purchasing a suitable supplement can be obtained from community pharmacists as supplements are not suitable for everyone. Certain foods contain Vitamin D. These include oily fish (herring, sardines, mackerel, salmon and tuna), egg yolks and certain margarines, breads and cereals that have been fortified with vitamin D. Calcium and vitamin D (Adcal- D3) should be prescribed as monotherapy for the prevention of fractures in ambulant females over the age of 65 who are housebound or in a nursing home.

Osteoporosis Medications

The treatment for osteoporosis depends on a number of factors including your age, sex, medical history and which bones you have broken. Osteoporosis drug treatments aim to strengthen existing bone, to help prevent further bone loss and, most importantly, reduce the risk of broken bones by 50%. Most drugs work by slowing down the activity of the osteoclast cells that break down old bone. These are anti-restorative drugs and are known as bisphosphonates. Bisphosphonates must be taken at least 30 minutes before the first food or drink (other than plain tap water) of the day. These instructions are important because bisphosphonates will only be effective if taken on an empty stomach. Tablets must be swallowed whole and taken with a glass of plain water. It is necessary to stay upright (sitting, standing or walking) for at least 30 minutes after taking the tablet. Other medications should not be taken at the same time of day as bisphosphonates. Avoid taking Calcium and Vitamin D (Adcal D3) within 4 hours of a bisphosphonate. Possible side effects of not following the instructions include inflamed oesophagus, sore throat and swallowing difficulties. Chest pain or worsening heartburn requires a review by the GP. If an individual is intolerant to bisphosphonates they may be prescribed Denosumab which is delivered by subcutaneous injection

6. Medication

Some medications *are a risk factor for falls.* Individuals on six or more medicines, prescribed or bought, are at greater risk of having a fall. Medicines can contribute to falls by a variety of mechanisms. Effects caused can include disturbed balance, drowsiness, dizziness, hypotension, blurred vision, confusion. Regular medication reviews are essential.

Postural Hypotension

Postural hypotension is a drop in someone’s blood pressure when they assume an upright position. This can occur when going from lying to sitting or from sitting to standing. Medications are often implicated in postural hypotension. The symptoms of postural hypotension include:

- Dizziness
- Faintness
- Light-headedness
- Weakness
- Changes in vision such as blurring or blackening vision
- Losing consciousness with or without warning i.e. black out, faint, syncope

What is my role in modifying medications / postural hypotension?

The completion of an MFS will identify if an individual is experiencing symptoms that could increase

their risk of falls. These symptoms may be due to their medications. This may be the first time an individual considers that these side effects may be responsible for previous falls or fear of falling. If an individual reports side effects arrange a medication review. Sometimes dizziness is not treatable. Encourage these individuals to take their time getting up, move slowly and in stages. When rising from a lying position, sitting on the side of the bed for a few minutes before standing up can be helpful. Similarly when standing up from sitting, stand for a few minutes before walking.

7. Alcohol

What is my role in modifying alcohol consumption?

The MFS should ask if an individual feels that alcohol has contributed to a previous fall.
Advise clients to:

- Read the labels of medications they are taking
- Observe the recommended limits
- Use soft drink spacers
- Eat when drinking
- Check the strength
- Have alcohol free days
- Avoid binge drinking

8. Eyesight Problems

Eyesight and hearing play a vital role in maintaining balance and during movement. Older people with sight problems, including wearing the wrong prescription glasses or dirty glasses, are more likely to fall. Glasses with bifocal and varifocal lenses make objects and surfaces seem closer than they are and can cause falls. This can be especially problematic when on the stairs. Many older people blame changes to their eyesight on ageing, but only an eye examination can separate a serious visual impairment from 'normal' ageing changes. In addition to age related vision loss, there are four main eye conditions that are associated with the elderly:

- Macular Degeneration
- Cataracts
- Glaucoma
- Diabetic Retinopathy

  It has been shown recently that surgery to remove cataracts can significantly reduce the risk of falls and fractures in elderly women. It is recommended that everyone has their eyes checked every 2 years. If you are over 75 or a diabetic a yearly check is recommended. Any person with a medical card is entitled to eye test/glasses every 2 years. If a person has diabetic retinopathy, macular degeneration, cataracts or glaucoma they can have a yearly eye test/glasses with a GP letter. There is no entitlement with a GP visit card. PRSI contributions entitle you to an eye test every two years and a part payment towards glasses.

What is my role in modifying 'eyesight problems?'

The MFS will identify appropriate actions for individuals with eyesight problems. Encourage individuals to only wear their prescribed glasses. Advise to have regular eyesight tests. Ask if clients with glaucoma or diabetes are taking their medication or inserting eye drops correctly. Referral to GP or Optician with onward referral to Ophthalmologist as appropriate.

The environment can further impact on a person's visual ability. Use of colour and contrast and de-cluttering the environment can optimise a person's ability to attend to daily living tasks. The OT can provide advice to client/family/carer re same.

9. Poor Footwear & Foot Problems

Age related changes in the feet and ankles can affect mobility. Reduced strength of the muscles around the ankles can result in difficulties clearing the ground when walking. Having a stiff ankle joint causes postural instability during gait making it difficult to negotiate rough terrain. Shock absorption is decreased. In addition, somatosensory changes to light touch, pressure, vibration and proprioceptive changes may occur as a result of neurological conditions such as peripheral neuropathy or stroke. This also makes it difficult to adjust to changes in the terrain and in knowing where the foot is placed.

Specific ankle exercises can help improve strength and increase range of motion and help with balance. Suitable footwear that is properly designed and fitted will protect and support the foot. This is important for maintaining independent mobility and preventing falls.

What is my role in modifying 'poor footwear?'

Refer to the Podiatrist or GP if the completion of the MFS indicates. Advise your clients about the following points:

- Soles should be flexible
- High heels & leather soles should be avoided
- Laces, buckles or Velcro straps hold the feet firmly in place, preventing them from slipping forwards
- Open backed slippers should be avoided
- Garments such as trousers / skirts / dressing gowns should not trail on the ground.

10. Cognitive Impairment/Mood

Cognitive impairment can lead to decreased safety awareness. Alterations in mood can lead to inactivity and social with drawl.

What is my role in falls prevention with individuals with dementia/mood alteration?

If you have completed an MFS and highlighted that an individual may have memory, mood or comprehension problems they may require a referral to the GP. It is appropriate to complete an MFS and action plan with an individual who has dementia / cognitive problem. If they cannot answer some questions arrange to complete the MFS when their carer / relatives are present. Onward referral to Home Supports may be required to help maintain clients independence and ability to remain in their home. The OT can conduct an environmental assessment as cognitive impairment can be impacted by an environment that does not make sense to the individual. The OT can work with the individual and family/carers to examine the routines, habits and behaviours and encourage development of new habits if early stage cognitive deterioration.

11. <u>Continence</u>

As we age it is normal for our bladder function to deteriorate. Acute and chronic illness can also alter our bladder function. It is normal to void 5-7 times a day. Needing to go more than 7 times a day or waking at night to go to the toilet more than once a night is considered frequent urination.

What is my role in modifying continence issues?

The MFS will identify appropriate actions for individuals with continence issues. Referral to PHN, GP, Women's Health Physiotherapist if appropriate. If client gets up at night, use of commode beside bed and use of night light may be of benefit. Advising clients not to rush to the toilet and encourage use of prescribed incontinence aids.

12. <u>Environment</u>

When individuals are fit most activities within the home can be completed with little effort or thought. Sometimes due to ill health or reduced mobility normal activities may become more challenging. Small changes in the home environment can reduce the risk of falling.

What is my role in modifying 'environment'?

Completion of the MFS will highlight environment issues or challenges within an individual's home. More complex situations will require onward referral to Occupational Therapy.

13. <u>Additional Information</u>

Although this falls prevention workbook focuses on the prevention of falls it is important to consider the consequences of someone enduring a long lie. Personal alarms can support an individual to get help should they fall. Informing someone about the easiest way to get up off the floor after a fall can help reduce the fear of a long lie and give valuable tips that may allow an individual to get up off the floor independently. The Falls Prevention Booklet details the steps one can take to prevent a fall and planning around what one should do if a fall has occurred.

14. <u>Referral to Primary Care Clinical Team Meeting</u>

Primary Care Team Meetings take place in all Networks. When a MFS has been completed on a client that client may be referred for discussion at Primary Care Clinical Meeting if appropriate.

What is my role in referral to Primary Care Clinic Team Meeting?

Following completion of the MFS, if appropriate, consent is obtained from the client for discussion at the Primary Care Clinical Team Meeting. A Primary Care Referral Form is completed and a copy of the completed MFS attached and the client is referred to the appropriate MDT member/members and to the Primary Care Clinical Team Meeting.

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Acknowledgements

Thanks to Dr. Christine Mc Arthur, NHS Co-ordinator Prevention and Management of Falls (Scotland).

Link to Training Video: https://vimeo.com/548930731, password hs